


HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>)		
Date _____	Family Practice Clinic 31 MEDICAL GROUP Aviano AB, Italy		
Time _____	S: _____ y/o female c/o PAINFUL URINATION for _____		
HCP _____	Y N pain in small of back just above the waist		
T _____	Y N Temperature above 100F (38C) or feel sick		
BP _____	Y N feeling the need to urinate more frequently than usual		
Wt _____	Y N Pain in the lower abdomen		
Tob Y/N _____	Y N Passing small amounts of cloudy, bloodstained or strong-smelling urine		
ppd _____ yrs _____	Y N Been having sexual intercourse recently		
PRP Y/N _____	If Yes→ Y N Itching or soreness around the genital area		
All _____	Y N Profuse, thick, white vaginal discharge IF YES to any of these		
Meds _____	Y N Greenish-yellow vaginal discharge then set up for pelvic exam		
UA RESULTS	PMH: Y N h/o UTI's Last one _____ How many per year _____		
Color:	Y N Previous relapse after treatment for UTI		
Clarity:	Y N Symptoms for > 7 days before treatment		
Glucose:	Y N Antibiotics in last 3 months _____ for what? _____		
Bilirubin:	Y N h/o Diabetes or other chronic medical problems		
Ketones:	Y N Pregnant LMP: _____		
Sp gr:	O: Y N Costovertebral angle tenderness		
pH:			
Protein:	A: Cystitis Pyelonephritis		
Urobil:	P:		
Nitrite:			
Blood:	P:		
LE:			
WBC:			
RBC:			
Epi Cells:			

PATIENT'S IDENTIFICATION (<i>Use this space for Mechanical nprint</i>)				RECORDS MAINTAINED AT: 	
PATIENT'S NAME (<i>Last, First, Middle Initial</i>)				SEX	
RELATIONSHIP TO SPONSOR			STATUS		RANK/GRADE
SPONSOR'S NAME				ORGANIZATION	
DEPART./SERVICE		SSN/IDENTIFICATION NO.			DATE OF BIRTH

